

Form **990**Department of the Treasury
Internal Revenue Service**** PUBLIC DISCLOSURE COPY ****
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **MAR 1, 2004** and ending **FEB 28, 2005****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**JUSTGIVE, INC.**

112204

Number and street (or P.O. box if mail is not delivered to street address)

500 THIRD ST.

Room/suite
455

City or town, state or country, and ZIP + 4

SAN FRANCISCO, CA 94107-1805

D Employer identification number

94-3331010

E Telephone number

(415) 597-5700

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ WWW.JUSTGIVE.ORG**J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 13,794,788.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	157,500.			
b Indirect public support	1b				
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 157,500. noncash \$)	1d	157,500.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	13,583,526.			
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	2,356.			
5 Dividends and interest from securities	5				
6 a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	51,406.	(B) Other	
b Less: cost or other basis and sales expenses	8b	50,000.			
c Gain or (loss) (attach schedule)	8c	1,406.			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1 1,406.			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	13,744,788.			
13 Program services (from line 44, column (B))	13	13,668,503.			
14 Management and general (from line 44, column (C))	14	59,135.			
15 Fundraising (from line 44, column (D))	15	21,679.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 13 and 14, column (A))	17	13,749,317.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<4,529.>			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	153,448.			
20 Other changes in net assets or fund balances (attach explanation)	20	0.			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	148,919.			

423001
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

13380107 759210 34774

2004.08010 JUSTGIVE, INC.

34774 1

RECEIVED

JAN 11 2006

**Attorney General's
Registry of Charitable Trusts**

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	13,089,454.	13,089,454.	STATEMENT 3	
(cash \$ 13,089,454., noncash \$)					
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	63,037.	37,822.	6,304.	18,911.
26	Other salaries and wages	185,374.	156,198.	29,176.	0.
27	Pension plan contributions				
28	Other employee benefits	9,252.	7,676.	1,053.	523.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	9,268.		9,268.	
32	Legal fees				
33	Supplies	404.	323.	51.	30.
34	Telephone	6,546.	5,237.	818.	491.
35	Postage and shipping	9,246.	8,428.	511.	307.
36	Occupancy	1,925.		1,925.	
37	Equipment rental and maintenance	862.		862.	
38	Printing and publications	8,725.	7,946.	487.	292.
39	Travel	1,208.	177.	510.	521.
40	Conferences, conventions, and meetings	205.			205.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	7,795.	7,044.	469.	282.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 2	356,016.	348,198.	7,701.	117.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	13,749,317.	13,668,503.	59,135.	21,679.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☐**TO INCREASE EFFICIENCIES OF CHARITABLE MANAGEMENT**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	EDUCATION OF THE GENERAL PUBLIC ABOUT GIVING DONATIONS AND FACILITATION OF THE CONTRIBUTION OF DONATIONS TO QUALIFIED NON-PROFIT ORGANIZATIONS OPERATING IN THE U.S.	(Grants and allocations \$ 13,089,454.)	13,668,503.
b			
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		13,668,503.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	131,235.	294,575.
	46 Savings and temporary cash investments		
	47 a Accounts receivable 47a 157,595.		
	b Less: allowance for doubtful accounts 47b	47,923.	157,595.
	48 a Pledges receivable 48a 9,696.		
	b Less: allowance for doubtful accounts 48b	15,000.	9,696.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable 51a		
	b Less: allowance for doubtful accounts 51b		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	4,630.	6,421.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis 55a		
b Less: accumulated depreciation 55b			
56 Investments - other			
57 a Land, buildings, and equipment: basis 57a 212,424.			
b Less: accumulated depreciation STMT 4 57b 206,701.	11,735.	5,723.	
58 Other assets (describe ► DEPOSITS)	1,472.	1,472.	
59 Total assets (add lines 45 through 58) (must equal line 74)	211,995.	475,482.	
Liabilities	60 Accounts payable and accrued expenses	58,547.	326,563.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities 64a		
	b Mortgages and other notes payable 64b		
	65 Other liabilities (describe ►)		
	66 Total liabilities (add lines 60 through 65)	58,547.	326,563.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	153,448.	148,919.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	153,448.	148,919.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	211,995.	475,482.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	678,304.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		22,970.
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	22,970.
c	Line a minus line b	c	655,334.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	STMT 5		13089454.
	Add amounts on lines (1) and (2)	d	13089454.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	13744788.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	682,833.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		22,970.
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	22,970.
c	Line a minus line b	c	659,863.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	STMT 6		13089454.
	Add amounts on lines (1) and (2)	d	13089454.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	13749317.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KENDALL WEBB 500 THIRD STREET, SUITE 455 SAN FRANCISCO, CA 94107	PRESIDENT/CEO	63,037.	0.	0.
JILL PEASLEY 2848 STEINER STREET SAN FRANCISCO, CA 94123	CHAIRPERSON/TREASURER	0.	0.	0.
DOUG FEICK 210 BROADWAY, 4TH FLOOR CAMBRIDGE, MA 02139	SECRETARY	0.	0.	0.
KARL PETERSON 345 CALIFORNIA STREET, SUITE 3300 SAN FRANCISCO, CA 94104	DIRECTOR	0.	0.	0.
DON KENDALL, SR. 700 ANDERSON HILL ROAD PURCHASE, NY 10577	DIRECTOR	0.	0.	0.
PETER KELLNER 921 FRONT STREET, 2ND FLOOR SAN FRANCISCO, CA 94111	DIRECTOR	0.	0.	0.
WILLIAM E. MCGLASHAN, JR. 345 CALIFORNIA STREET, SUITE 3300 SAN FRANCISCO, CA 94104	DIRECTOR	0.	0.	0.
BILL PRICE 345 CALIFORNIA STREET, SUITE 3300 SAN FRANCISCO, CA 94104	DIRECTOR	0.	0.	0.
PAT CHRISTEN 995 MARKET STREET, SUITE 200 SAN FRANCISCO, CA 94103	DIRECTOR	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Part VI Other information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed SEE ATTACHED SCHEDULE		
b Number of employees employed in the pay period that includes March 12, 2004 90b 4		
91 The books are in care of JUSTGIVE, INC. Telephone no. (415) 597-5700		

Located at 500 THIRD ST., NO. 455, SAN FRANCISCO, CA

ZIP + 4 94107-1805

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PASS-THRU CONTRIBUTIONS					13,089,454.
b CORPORATE LICENSING FEE					55,440.
c SITE REVENUE					363,782.
d SITE SET-UP & DEV. FEES					74,850.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,356.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,406.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,762.	13,583,526.
105 Total (add line 104, columns (B), (D), and (E))					13,587,288.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PASS-THRU CONTRIBUTIONS RAISED FOR OTHER NON-PROFIT ORGANIZATIONS
93B	TO EDUCATE & INSPIRE EMPLOYEES, CUSTOMERS AND CLIENTS ABOUT GIVING
93C	TO ENABLE THE PUBLIC TO CONTRIBUTE ONLINE
93D	TO FACILITATE CHARITABLE GIVING THROUGH CORPORATIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

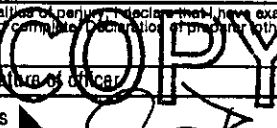
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

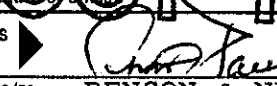
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: _____ Type or print name and title: _____

Paid Preparer's Use Only: Preparer's signature:  Date: 01/07/06 Check if self-employed: ☐ Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: BENSON & NEFF, CPA'S A PROF CORP
1 POST STREET, SUITE 2150
SAN FRANCISCO, CA 94104-5206

EIN: _____ Phone no.: (415) 705-5615

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization

JUSTGIVE, INC.

Employer identification number

94 3331010

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANDREA B. LLOYD 500 THIRD STREET, NO. 455, SAN FRANCISCO, CA 94107-1805	DIR. FINANCE 40	73,489.		
PETER A. COWAN 500 THIRD STREET, NO. 455, SAN FRANCISCO, CA 94017-1805	ENGINEER 40	55,938.		
COLLEN A. PATRICK 500 THIRD STREET, NO. 455, SAN FRANCISCO, CA 94017-1805	EDITOR 40	50,662.		
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	<input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)
----	---

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	192,637.	217,524.	371,946.	274,473.	1,056,580.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,395,411.	893,222.	890,317.	251,533.	8,430,483.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	832.	653.	2,218.	7,841.	11,544.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	6,588,880.	1,111,399.	1,264,481.	533,847.	9,498,607.
24 Line 23 minus line 17	193,469.	218,177.	374,164.	282,314.	1,068,124.
25 Enter 1% of line 23	65,889.	11,114.	12,645.	5,338.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					21,362.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					502,283.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,068,124.
d Add: Amounts from column (e) for lines: 18 <u>11,544.</u> 19 <u>502,283.</u> 22 <u>502,283.</u>					513,827.
e Public support (line 26c minus line 26d total)					554,297.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					51.8944 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ If the organization belongs to an affiliated group.Check ☐ b ☐ If you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

- 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36
- 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37
- 38 Total lobbying expenditures (add lines 36 and 37) 38
- 39 Other exempt purpose expenditures 39
- 40 Total exempt purpose expenditures (add lines 38 and 39) 40
- 41 Lobbying nontaxable amount. Enter the amount from the following table -
- | | |
|--|---|
| If the amount on line 40 is - | The lobbying nontaxable amount is - |
| Not over \$500,000 | 20% of the amount on line 40 |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |
- 42 Grassroots nontaxable amount (enter 25% of line 41) 42
- 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43
- 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
1,000 SHS PEPSICO, INC.	51,406.	50,000.	0.	1,406.
TO FORM 990, PART I, LINE 8	51,406.	50,000.	0.	1,406.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
WEBSITE TRANSACTION COSTS	308,390.	308,390.		
WEBSITE MAINTENANCE	2,100.	2,100.		
MARKETING	5,429.	5,429.		
LICENSES AND PERMITS	17,650.	17,650.		
DUES AND SUBSCRIPTIONS	1,562.	1,250.	195.	117.
INSURANCE	5,131.	1,729.	3,402.	
OTHER PROFESSIONAL FEES	15,344.	11,650.	3,694.	
MISCELLANEOUS	410.		410.	
TOTAL TO FM 990, LN 43	356,016.	348,198.	7,701.	117.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PASS-THRU CONTRIBUTIONS	VARIOUS NON-PROFIT ORGANIZATIONS		NONE	13,089,454.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				13,089,454.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
1999 COMPUTER EQUIPMENT	7,202.	7,202.	0.
1999 FURNITURE, FIXTURES & EQUIPMENT	950.	726.	224.
HP JASERJET PRINTER 4500 N	2,712.	2,712.	0.
I-CLICK ZIP CARD	217.	217.	0.
NETWORK CABLING, CONDUIT, SPLITTER	840.	840.	0.
LINKSYS 16 PORT ETHERNET HUB	207.	207.	0.
COMPUTER MONITORS (4)	739.	739.	0.
BEECH WOOD DESK TOPS AND BLACK LEGS	86.	57.	29.
2X BEECH WOOD MONITOR SHELVES FOR DESKS	106.	70.	36.
2 DWR LTR FILING CABINETS (6)	1,110.	740.	370.
4 DWR LGL FILING CABINETS (1)	275.	192.	83.
4 DWR LTR FILING CABINETS (2)	93.	61.	32.
WEBSITE DEVELOPMENT COSTS	173,680.	173,680.	0.
HP 920 FAX MACHINE	221.	221.	0.
SERVERS	3,000.	3,000.	0.
WEBSITE DEVELOPMENT COSTS	12,120.	10,100.	2,020.
SERVER	5,043.	4,343.	700.
IBM THINKPAD - KENDALL	1,000.	666.	334.
IBM THINKPAD - ANDREA	1,040.	694.	346.
DELL DESKTOP	351.	117.	234.
WINDOWS XP PROFESSIONAL	180.	30.	150.
WINDOWS XP PROFESSIONAL	196.	28.	168.
DELL DESKTOP	528.	29.	499.
DELL DESKTOP	528.	30.	498.
TOTAL TO FORM 990, PART IV, LN 57	212,424.	206,701.	5,723.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	5
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DESCRIPTION	AMOUNT
PASS-THRU CONTRIBUTIONS	13,089,454.
TOTAL TO FORM 990, PART IV-A	13,089,454.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTIONAMOUNT

PASS-THRU CONTRIBUTIONS

13,089,454.

TOTAL TO FORM 990, PART IV-B

13,089,454.

Form 4562

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2004Attachment
Sequence No. 67

JUSTGIVE, INC.

FORM 990 PAGE 2

94-3331010

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	7,737.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(l)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	7,737.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L			
		%			S/L			
		%			S/L			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year:					
WINDOWS XP PROFESSIONAL	09/30/04	180.		36M	30.
WINDOWS XP PROFESSIONAL	10/31/04	196.		36M	28.
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44 58.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	FURNITURE & FIXTURES											
2	1999 FURNITURE, FIXTURES & EQUIPMENT	99	SL	7.00	16	950.			950.	590.		136.
12	BEECH WOOD DESK TOPS AND BLACK LEGS	0612	00SL	7.00	16	86.			86.	45.		12.
13	2X BEECH WOOD MONITOR SHELVES FOR DESKS	0623	00SL	7.00	16	106.			106.	55.		15.
14	2 DWR LTR FILING CABINETS (6)	0622	00SL	7.00	16	1,110.			1,110.	581.		159.
15	4 DWR LGL FILING CABINETS (1)	0622	00SL	7.00	16	275.			275.	153.		39.
16	4 DWR LTR FILING CABINETS (2)	0622	00SL	7.00	16	93.			93.	48.		13.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					2,620.		0.	2,620.	1,472.	0.	374.
	OTHER											
1	1999 COMPUTER EQUIPMENT	99	SL	3.00	16	7,202.			7,202.	7,202.		0.
5	HP JASERJET PRINTER 54500 N	0501	00SL	3.00	16	2,712.			2,712.	2,712.		0.
6	TI-CLICK ZIP CARD NETWORK CABLING,	0607	00SL	3.00	16	217.			217.	217.		0.
7	CONDUIT, SPLITTER LINKSYS 16 PORT	0619	00SL	3.00	16	840.			840.	840.		0.
8	ETHERNET HUB	0719	00SL	3.00	16	207.			207.	207.		0.
9	COMPUTER MONITORS (4)	1002	00SL	3.00	16	739.			739.	739.		0.
24	WEBSITE DEVELOPMENT COSTS	1001	00SL	3.00	16	173,680.			173,680.	173,680.		0.
26	HP 920 FAX MACHINE	0927	01SL	3.00	16	221.			221.	185.		36.
27	SERVERS	1231	01SL	3.00	16	3,000.			3,000.	2,250.		750.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
28	WEBSITE DEVELOPMENT COSTS	091102SL	3.00	16		12,120.			12,120.	6,060.		4,040.
31	SERVER	083102SL	3.00	16		5,043.			5,043.	2,662.		1,681.
32	IBM THINKPAD - KENDALL	032403SL	3.00	16		1,000.			1,000.	333.		333.
33	IBM THINKPAD - ANDREA	032403SL	3.00	16		1,040.			1,040.	347.		347.
34	DELL DESKTOP WINDOWS XP	031904SL	3.00	16		351.			351.			117.
35	PROFESSIONAL WINDOWS XP	093004	36M	42		180.			180.			30.
36	PROFESSIONAL	103104	36M	42		196.			196.			28.
37	DELL DESKTOP	013105SL	3.00	16		528.			528.			29.
38	DELL DESKTOP	013105SL	3.00	16		528.			528.			30.
	* 990 PAGE 2 TOTAL OTHER					209,804.		0.	209,804.	197,434.	0.	7,421.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					212,424.		0.	212,424.	198,906.	0.	7,795.

STATES REGISTERED TO SOLICIT

ALABAMA

ALASKA

ARIZONA

ARKANSAS

CALIFORNIA

COLORADO

CONNECTICUT

FLORIDA

GEORGIA

KANSAS

KENTUCKY

ILLINOIS

MAINE

MARYLAND

MASSACHUSETTS

MICHIGAN

MINNESOTA

MISSISSIPPI

MISSOURI

MONTANA

NEW HAMPSHIRE

NEW JERSEY

NEW MEXICO

NEW YORK

NORTH CAROLINA

NORTH DAKOTA

OHIO

OKLAHOMA

OREGON

PENNSYLVANIA

RHODE ISLAND

SOUTH CAROLINA

TENNESSEE

UTAH

VIRGINIA

WASHINGTON

WEST VIRGINIA

WISCONSIN

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization JUSTGIVE, INC.	Employer identification number 94-3331010
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 THIRD ST., NO. 455	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94107-1805	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ JUSTGIVE, INC.**
Telephone No. **▶ (415) 597-5700** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **JANUARY 15**, 20 **06**
- 5 For calendar year **_____**, or other tax year beginning **MAR 1**, 2004, and ending **FEB 28**, 2005.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions **\$ _____**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 **\$ _____**
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **\$ 0.00**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ [Signature]** Title **▶ CPA** Date **▶ 10/12/05****Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other **_____**

Director **_____** By: **_____** Date **_____****Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name BENSON & NEFF, CPA'S
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1 POST STREET, SUITE 2150
	City or town, province or state, and country (including postal or ZIP code) SAN FRANCISCO, CA 94104-5206